

Southcentral Foundation
PROGRESS REPORT
Iliamna Lake Villages Sub-Regional Health Center
PROJECT NUMBER 0051-DC-2002-14

Report Period: July 1, 2003 – September 30, 2003

Project Phase: Construction

Percentage of Phase Completed:

	<u>Scheduled</u>	<u>Actual</u>
Construction	100%	100%

Budget Status:

The project is on budget. See attached financial report for details.

Subcontracts Awarded This Period:

Subcontracts were awarded to Wilder Construction for paving of the parking area and driveways and to Acme Fencing for construction of a fence in front of the fuel tanks.

Activities:

Construction of the building was completed during this period and punch list items were addressed. The landscaping was installed in early August.

Wilder Construction paved the parking area and driveways in mid-September. A fence was constructed by Acme Fencing to screen the fuel tanks and generator module from view.

The clinic opened for business on July 14th. A grand opening celebration was held on August 18th. Lt. Governor Loren Lehman represented the Denali Commission at the grand opening.

The Alaska Department of Environmental Conservation issued the Final Approval to Operate the domestic wastewater disposal system on September 23, 2003.

As-builts for the project were completed in October.

The only work remaining on this project is the repair and extension of the landscaping, expected in the spring of 2004.

FINANCIAL STATUS REPORT (Long Form)

(Follow instructions on the back)

1. Federal Agency and Organizational Element to Which Report is Submitted Denali Commission		2. Federal Grant or Other Identifying Number Assigned By Federal Agency 0051-DC-2002-14		OMB Approval No. 0348-0039		Page of 1 1	
3. Recipient Organization (Name and complete address, including ZIP code) Southcentral Foundation 4501 Diplomacy Drive, Suite 200, Anchorage, AK 99508							
4. Employer Identification Number 92-0086076		5. Recipient Account Number or Identifying Number		6. Final Report <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No		7. Basis <input type="checkbox"/> Cash <input checked="" type="checkbox"/> Accrual	
8. Funding/Grant Period (See instructions) From: (Month, Day, Year) 4/1/2002		To: (Month, Day, Year) 3/31/2007		9. Period Covered by this Report From: (Month, Day, Year) 4/1/2002		To: (Month, Day, Year) 9/30/2003	
10. Transactions:				I		II	
a. Total outlays				Previously Reported		Cumulative	
b. Refunds, rebates, etc.							
c. Program income used in accordance with the deduction alternative							
d. Net outlays (Line 9, less the sum of lines b and c)				1,986,504.00		2,624,062.00	
Recipient's share of net outlays, consisting of:							
e. Third party (in-kind) contributions						0.00	
f. Other Federal awards authorized to be used to match this award				257,948.00		766,335.00	
g. Program income used in accordance with the matching or cost sharing alternative						1,024,283.00	
h. All other recipient outlays not shown on lines e, f or g						0.00	
i. Total recipient share of net outlays (Sum of lines e, f, g and h)				257,948.00		766,335.00	
j. Federal share of net outlays (line d less line i)				1,728,556.00		1,857,727.00	
k. Total unliquidated obligations						3,586,283.00	
l. Recipient's share of unliquidated obligations							
m. Federal share of unliquidated obligations							
n. Total Federal share (sum of lines j and m)						3,586,283.00	
o. Total Federal funds authorized for this funding period						3,586,283.00	
p. Unobligated balance of Federal funds (line o minus line n)						0.00	
Program income, consisting of:							
q. Disbursed program income shown on lines c and/or g above							
r. Disbursed program income using the addition alternative							
s. Undisbursed program income							
t. Total program income realized (Sum of lines q, r and s)						0.00	
11. Indirect Expense		a. Type of Rate (Place "X" in appropriate box) <input type="checkbox"/> Provisional <input type="checkbox"/> Predetermined <input type="checkbox"/> Final		b. Rate		c. Federal Share	
						0.00	
12. Remarks: Attach any explanations deemed necessary or information required by Federal sponsoring agency in compliance with governing legislation. 4% Administrative cost rate in lieu of indirect applied to match							
13. Certification: I certify to the best of my knowledge and belief that this report is correct and complete and that all outlays and unliquidated obligations are for the purposes set forth in the award documents.							
Typed or Printed Name and Title Gregory P. Encolewski, Finance Manager				Telephone (Area code, number and extension) (907) 729-4943			
Signature of Authorized Certifying Official <i>Gregory P. Encolewski</i>				Date Report Submitted December 3, 2003			

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Standard Form 269 (Rev. 7-87)
Prescribed by OMB Circular A-102 and A-110

FINANCIAL STATUS REPORT

(Long Form)

Public reporting burden for this collection of information is estimated to average 30 minutes per response, including time for reviewing instructions, searching existing data sources, gathering and maintaining the data needed, and completing and reviewing the collection of information. Send comments regarding this burden estimate or any other aspect of this collection of information, including suggestions for reducing this burden, to the Office of Management and Budget, Paperwork Reduction Project (0346-0039), Washington, DC 20503.

PLEASE DO NOT RETURN YOUR COMPLETED FORM TO THE OFFICE OF MANAGEMENT AND BUDGET.

Please type or print legibly. The following general instructions explain how to use the form itself. You may need additional information to complete certain items correctly, or to decide whether a specific item is applicable to this award. Usually, such information will be found in the Federal agency's grant regulations or in the terms and conditions of the award (e.g., how to calculate the Federal share, the permissible uses of program income, the value of in-kind contributions, etc.). You may also contact the Federal agency directly.

Item	Entry	Item	Entry
1. 2 and 3. Self-explanatory.		10b. Enter any receipts related to outlays reported on the form that are being treated as a reduction of expenditure rather than income, and were not already netted out of the amount shown as outlays on line 10a.	
4. Enter the Employer Identification Number (EIN) assigned by the U.S. Internal Revenue Service.		10c. Enter the amount of program income that was used in accordance with the deduction alternative.	
5. Space reserved for an account number or other identifying number assigned by the recipient.		10d. Enter the total amount of unliquidated obligations, including unliquidated obligations to subgrantees and contractors.	
6. Check yes only if this is the last report for the period shown in Item 8.		10e. Enter the total amount of indirect costs charged during the reporting period.	
7. Self-explanatory.		10f. Enter the indirect cost rate in effect during the reporting period.	
8. Unless you have received other instructions from the awarding agency, enter the beginning and ending dates of the current funding period. If this is a multi-year program, the Federal agency might require cumulative reporting through consecutive funding periods. In that case, enter the beginning and ending dates of the grant period, and in the rest of these instructions, substitute the term "grant period" for "funding period."		10g. Enter the amount of the base against which the rate was applied.	
9. Self-explanatory.		10h. Enter the total amount of indirect costs charged during the report period.	
10. The purpose of columns i, ii, and iii is to show the effect of this reporting period's transactions on cumulative financial status. The amounts entered in column i will normally be the same as those in column ii of the previous report in the same funding period. If this is the first or only report of the funding period, leave columns i and ii blank. If you need to adjust amounts entered on previous reports, footnote the column i entry on this report and attach an explanation.		10i. Enter the Federal share of the amount in 10h.	
10a. Enter total gross program outlays. Include disbursements of cash realized as program income if that income will also be shown on lines 10c or 10g. Do not include program income that will be shown on lines 10f or 10g.		10j. Self-explanatory.	
For reports prepared on a cash basis, outlays are the sum of actual cash disbursements for direct costs for goods and services, the amount of indirect expense charged, the value of in-kind contributions applied, and the amount of cash advances and payments made to subrecipients. For reports prepared on an accrual basis, outlays are the sum of actual cash disbursements for direct charges for goods and services, the amount of indirect expense incurred, the value of in-kind contributions applied, and the net increase or decrease in the amounts owed by the recipient for goods and other property received, for services performed by employees, contractors, subgrantees and other payees, and other amounts becoming owed under programs for which no current services or performances are required, such as annuities, insurance claims, and other benefit payments.		10k. On the final report, line 10m must also be zero.	
		10l. a, p, q, r, s and t. Self-explanatory.	
		10m. Self-explanatory.	
		10n. Enter the indirect cost rate in effect during the reporting period.	
		10o. Enter the amount of the base against which the rate was applied.	
		10p. Enter the total amount of indirect costs charged during the report period.	
		10q. Enter the Federal share of the amount in 10p.	
		10r. If more than one rate was in effect during the period shown in Item 8, attach a schedule showing the bases against which the different rates were applied, the respective rates, the calendar periods they were in effect, amounts of indirect expense charged to the project, and the Federal share of indirect expense charged to the project to date.	